PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JOHN BOLTON SUPER PAC 610 S BOULEVARD ADDRESS (number and street) (Check if address is changed) **TAMPA** 33606 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nwatkins@robertwatkins.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00542464 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. NANCY H WATKINS CPA Type or Print Name of Treasurer NANCY H WATKINS CPA [Electronically Filed] 09 13 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Only Local 202-694-1100

FFC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	i age 🗲
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Damasa, "
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is ϵ
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1	1 (Revised 02/2009) Pa	age 3
Write or Type Comm	mittee Name	
JOHN BO	OLTON SUPER PAC	
6. Name of Any Co	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	C Sponsor
NONE		
	<u> </u>	
Mailing Address		
Manning Address		
		_ , , ,
	CITY STATE ZIP CC	DDE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership	PAC Sponsor
Custodian of Re	ecords: Identify by name, address (phone number optional) and position of the person in possession ds.	of committee
E U Nomes	NANCY H WATKINS CPA	1
Full Name	610 S BOULEVARD	
Mailing Address	1	
	TAMPA FL 33606	
Title or Position	CITY STATE ZIP CC	DDE
TREASURER	Telephone number 813 - 254	
Treasurer: List the any designated ac	ne name and address (phone number optional) of the treasurer of the committee; and the name and gent (e.g., assistant treasurer).	address of
Full Name of Treasurer	NANCY H WATKINS CPA	
Mailing Address	610 S BOULEVARD	
	TAMPA FL 33606	
Title or Position	CITY STATE ZIP CO Telephone number	DE 3369
	ielepriorie number	

	1 (Revised 02/2009)					
Full Name of Designated Agent	ROBERT I WATKINS				1 1 1 1	
Mailing Address	610 S BOULEVA	ARD				
	TAMPA	CITY		FL STATE	33606	ZIP CODE
Title or Position ASSISTANT TR	ASURER		Telephone r	1	813	254 - 3369
			in which the comm	nittee deposits	s funds, hol	ds accounts, rents
Banks or Other safety deposit bo	Depositories: List all banks es or maintains funds.	or other depositories	in which the com			
Banks or Other safety deposit bo Name of Bank, D	es or maintains funds.	or other depositories	in which the comm			
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